



Instructions for Home and Community-based Provider Certification

Provider Certification

Home and community-based waiver services are offered as an alternative to institutional care. The supports and services provided through this program are designed to promote independence so that recipients may live and age in their chosen communities.

These services are available for individuals enrolled in one of four waivers: Adults with Physical and Developmental Disabilities (APDD), Alaskan Living Independently (ALI), Children with Complex Medical Conditions (CCMC), and Individuals with Intellectual or Developmental Disabilities (IDD). Providers may offer thirteen different types of services; however, as shown on the *Table of Services* (page 6), some may not be offered in certain of the four waivers available for eligible individuals.

As a ready reference, SDS has provided information in response to the following frequently asked questions. Follow the link to the answers.

- What is meant by provider certification and enrollment?
- How long does certification last?
- What services may be offered by providers?
- What standards are providers required to meet?
- What are the SDS *Conditions of Participation*?
- How do I apply for provider certification?
- How do I renew provider certification?
- How do I apply to be certified to offer additional types of services?
- How do I apply to be certified to offer services in another location?
- What changes are providers required to report to SDS?

What is meant by provider certification and enrollment?

Certification is the process of verifying that a provider meets standards for the delivery of services to waiver recipients. Providers must demonstrate readiness to provide services and comprehension of Medicaid regulations, home and community-based waiver services regulations, and pertinent service *Conditions of Participations* to be certified.

After SDS approves certification, the provider must enroll with the Medicaid fiscal agent, [Xerox Business Services](#) for claims processing.

How long does certification last?

SDS certifies providers for the following periods:

- one year for providers not previously certified to offer services
- two years for providers that renew certification

What services may be offered by providers?

Providers may offer thirteen different types of services; however, as shown on the *Table of Services* (page 6), some may not be offered in certain of the four waivers available for eligible individuals.

What standards are providers required to meet?

SDS has established standards to ensure that services are delivered by individuals with the requisite skills and competencies to meet the needs of the waiver population and to ensure that services are performed in a safe and effective manner. The SDS standards are specified in the [Home and Community-based Waiver Services regulations](#) and in the [Provider Conditions of Participation](#) and the service [Conditions of Participation](#). In addition, providers must comply with other regulations including

- Medicaid regulations
- HIPAA (Health Insurance Portability and Accountability Act of 1996)
- HIPAA Title II Administrative Simplification and Compliance Act
- Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990

What are *Conditions of Participation*?

SDS has established standards for providers in the [Provider Conditions of Participation](#) and in the [Conditions of Participation](#) for specific services. Because the *Conditions of Participation* are incorporated by reference in SDS regulations, they have the same authority as the regulations.

How do I apply for provider certification?

1. Review the Home and community-based waiver services *Table of Services* (page 6) and the description of those services.
2. Determine which services you will offer to recipients, and review the [Conditions of Participation](#) and the [Service Declaration](#) for those services.
3. Review the list of required attachments for an explanation of attachments specified on the [Service Declarations](#).
4. Complete and submit the *Provider Certification Application*, the *Service Declaration* for each service you plan to offer, and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

How do I renew provider certification?

1. Review the [Provider Certification Renewal Application](#) and the [Renewal Service Declaration](#) for each service that will be offered to recipients.
2. Review the list of required attachments for an explanation of attachments specified on the [Renewal Service Declarations](#).
3. No later than 60 days before the expiration date of the current certification period, complete and submit the [Provider Renewal Application](#), the [Renewal Service Declaration](#) for each service you will continue to offer, and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

How do I apply to be certified to offer additional types of services?

A provider may offer additional services if SDS determines that the provider is qualified to do so. The ending date of the provider approval for an additional service will be the ending date of the provider's current certification period. To apply, the provider must submit the [Provider Certification Application for Additional Service form](#) and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

How do I apply to be certified to offer services in another location?

A provider may offer services at an additional location if SDS determines that the provider is qualified to do so. The ending date of the provider approval for an additional location will be the ending date of the provider's current certification period. To apply, the provider must submit the [*Provider Certification Application for Additional Location*](#) form and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

What changes are providers required to report to SDS?

Specified changes must be reported to SDS on the appropriate form and to the Medicaid fiscal agent on the form provided by Xerox Business Services at <http://medicaidalaska.com>. Send SDS forms to: DSDSCertification@alaska.gov or Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

The following changes must be reported on the [*Change of Status: Provider Agency*](#) form

- a new mailing address or new contact information
- a new facility license
- a new agency name or physical location
- a new form of business organization
- an agency sale or change of ownership
- an agency closure

The following changes must be reported on the [*Change of Status: Care Coordinator or Program Administrator*](#) form

- a care coordinator's name change
- a care coordinator's end or change of agency affiliation
- the name of a new or interim program administrator
- a program administrator's end or change of agency affiliation

Care Coordinator Certification

Home and community-based waiver services are offered as an alternative to institutional care. The supports and services provided through this program are designed to promote independence so that recipients may live and age in their chosen communities.

These services are available for individuals enrolled in one of four waivers: Adults with Physical and Developmental Disabilities (APDD), Alaskan Living Independently (ALI), Children with Complex Medical Conditions (CCMC), and Individuals with Intellectual or Developmental Disabilities (IDD). Providers may offer thirteen different types of services; however, as shown on the *Table of Services* (page 6), some may not be offered in certain of the four waivers available for eligible individuals.

As a ready reference, SDS has provided information in response to the following frequently asked questions. Follow the link to the answers.

- What is meant by care coordinator certification and enrollment?
- How long does care coordinator certification last?
- Are care coordinators certified to provide services for the populations served by the four different waivers?
- What standards are care coordinators required to meet?
- What are the *Care Coordination Services Conditions of Participation*?
- How do I apply for care coordinator certification?
- How do I renew care coordinator certification?

What is meant by care coordinator certification and enrollment?

Certification is the process of verifying that a care coordinator meets standards for the delivery of services to waiver participants. Individuals who seek certification must enroll in the [SDS Care Coordination Basic Training course](#), and demonstrate comprehension of course content through examination. Care coordinators must be employed by a care coordination provider agency; consequently, a sole practitioner must be certified both individually and as a care coordination provider agency.

For certification renewal, care coordinators must submit proof of successful completion of at least one SDS care coordination course during his/her one or two year period of certification.

After SDS approves certification, the care coordinator must enroll with the Medicaid fiscal agent, [Xerox Business Services](#) for claims processing.

How long does care coordinator certification last?

SDS certifies care coordinators for the following periods:

- one year for individuals not previously certified to offer services
- two years for care coordinators that renew certification

Are care coordinators certified to provide services for the populations served by the four different waivers?

SDS care coordination certification authorizes care coordinators to provide services for any recipient population. Individual care coordinators may choose to provide services for recipients in all four home and community-based waivers or to specialize for specific populations, e.g., children with complex medical conditions, adults with both physical and developmental disabilities, individuals with intellectual and developmental disabilities, older adults, or adults with physical disabilities.

What standards are care coordinators required to meet?

SDS has established standards to ensure that services are delivered by individuals with the requisite skills and competencies to meet the needs of the waiver population and to ensure that services are performed in a safe and effective manner. The SDS standards for care coordinators are specified in the [Home and Community-based Waiver Services regulations](#) and in the [Care Coordination Services Conditions of Participation](#). In addition, care coordinators must comply with other regulations including:

- Medicaid regulations
- HIPAA (Health Insurance Portability and Accountability Act of 1996)
- HIPAA Title II Administrative Simplification and Compliance Act
- Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- Americans with Disabilities Act of 1990

What are the *Care Coordination Conditions of Participation*?

SDS has established standards for care coordinators in the *Care Coordination Services Conditions of Participation*. Because the *Conditions of Participation* are incorporated by reference in SDS regulations, they have the same authority as the regulations.

How do I apply for care coordinator certification?

1. Review the [Care Coordination Services Conditions of Participation](#) for education and experience requirements.
2. Enroll in and complete the [SDS Care Coordination Basic Training](#) course.
3. Review the [Care Coordinator Certification Application](#).
4. Review the [Disclosure of Business and Familial Relationships](#).
5. Review the list of required attachments for an explanation of attachments specified on the application.
6. Complete and submit the [Care Coordinator Certification Application](#), the [Disclosure of Business and Familial Relationships](#) form, and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501.

How do I renew care coordinator certification?

1. Review the [Care Coordinator Certification Renewal Application](#).
2. Review the list of required attachments for an explanation of attachments specified on the renewal application.
3. No later than 60 days before the expiration date of the current certification period, complete and submit the [Care Coordinator Renewal Application](#), the [Disclosure of Business and Familial Relationships](#) form, and all required attachments to: Senior and Disabilities Services, Provider Certification and Compliance Unit, 550 West 8th Ave., Anchorage, AK 99501..

Table of Services and Description of Services

Providers may offer thirteen different types of services; however, as shown on the following *Table of Services*, some may not be offered in certain of the four waivers available for eligible individuals. Follow the link to the description of the service.

Table of Services				
Waiver service	APDD	ALI	CCMC	IDD
Nursing oversight and care management	NA	NA		
Care coordination				
Chore				
Adult day			NA	NA
Residential supported living			NA	NA
Day habilitation		NA		
Residential habilitation	////	////	////	////
Family home habilitation		NA		
Supported-living habilitation		NA		
Group-home habilitation		NA		
In-home support habilitation		NA		
Supported-employment		NA		
Intensive active treatment		NA		
Respite care				
Family-directed respite care	NA	NA		
Transportation				
Meal	////	////	////	////
Congregate meals				
Home-delivered meals				
Environmental modification				

Nursing Oversight and Care Management Services

Nursing oversight and care management services may be provided for recipients who perform self-care or who receive care of a medical nature that requires nursing direction, observation, and skill. These services are provided by a registered nurse who may delegate nursing duties to others in accordance with Alaska nursing statutes and regulations.

The registered nurse evaluates the recipient's need for medical care, including the ability to provide self-care; develops a nursing plan; and trains, supervises, and evaluates the recipient who provides self care and the individuals who perform delegated nursing duties for the participant. In addition, the registered nurse monitors medical care to ensure services are reasonable and necessary for the recipient's medical condition and the complexity of care required to treat that condition, and to verify services are delivered according to the nursing plan and in a manner that protects the health, safety, and welfare of the recipient.

The provider who chooses to offer care nursing oversight and care management services must be certified as a provider of nursing oversight and care management services under 7 AAC 130.220 (b)(1)(A), and meet the requirements of 7 AAC 130.235. (Conditions of participation have not been established for this service.)

Care Coordination Services

Care coordination services are provided for every recipient. Care coordinators assist individuals to gain access to waiver and other state plan services, as well as medical, social, educational, and other services with funding sources other than Medicaid. Once individuals are enrolled in the Home and Community-based Waiver Services program, care coordinators manage the process of planning for services, developing a service plan, ongoing monitoring of services, and renewing the service plan annually. Throughout the year, care coordinators remain in contact with recipients in a manner and with a frequency appropriate to the needs of the recipients.

The provider who chooses to offer care coordination services must be certified as a provider of care coordination services under 7 AAC 130.220 (b)(2), meet with the requirements of 7 AAC 130.240, and operate in compliance with the [Care Coordination Services Conditions of Participation](#).

Chore Services

Chores Services may be provided only when the recipient, or anyone else in the household, is not capable of performing or financially providing for the tasks required to maintain a clean, sanitary, and safe home environment. These tasks include routine household chores as well as work necessary to maintain safe access and egress for the recipient's residence. Chore services may not be authorized when a relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for the tasks.

The provider who chooses to offer chore services must be certified as a provider of chore services under 7 AAC 130.220 (b)(1)(B), meet the requirements of 7 AAC 130.245, and operate in compliance with the [Chore Services Conditions of Participation](#).

Adult Day Services

Adult day services may be provided for recipients who are able to benefit from an organized program of services and activities during the day in a facility-based setting. These services and activities must be therapeutic and supportive for recipients, and may include both individual and group activities. The program must provide supervision and a secure environment for recipients working to achieve goals identified in individualized service plans.

The provider who chooses to offer adult day care services must be certified as a provider of adult day services under 7 AAC 130.220 (b)(1)(C), meet the requirements of 7 AAC 130.250, and operate in compliance with the [Adult Day Services Conditions of Participation](#).

Residential Supported-Living Services

Residential supported-living services may be provided for recipients who need assistance with the activities of daily living, but do not need the degree of care provided in a nursing facility. These services are provided in residential settings staffed 24 hours a day by on-site personnel who must be available to meet both scheduled and unpredictable recipient needs. The residential settings must provide a home-like environment where supervision, safety, and security are available for recipients, and social and recreational activities are provided in addition to the services necessary to prevent institutionalization.

The provider who chooses to offer residential supported-living services must be certified as a provider of residential supported-living services under 7 AAC 130.220 (b)(3), meet the requirements of 7 AAC 130.255, and operate in compliance with the [Residential Supported Living Services Conditions of Participation](#).

Day Habilitation Services

Day habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to live successfully in home and community-based settings. These

services must provide supervision and a secure environment for recipients, may be planned to reinforce skills or lessons taught in other settings, and may include both individual and group activities

While day habilitation services may be offered in a variety of settings in the community and are not limited to fixed-site facilities, the environment in which they are provided must be appropriate for delivery of the services in a manner that will contribute to accomplishing goals specified in the recipient's service plan. These services must be provided in non-residential settings separate from the recipient's private residence or another residential living arrangement unless the provider is granted a waiver regarding the setting.

The provider who chooses to offer day habilitation services must be certified as a provider of day habilitation services under 7 AAC 130.220 (b)(1)(D), meet the requirements of 7 AAC 130.260, and operate in compliance with [*Day Habilitation Services Conditions of Participation*](#).

Residential Habilitation Services

Residential habilitation services may be provided to assist recipients to acquire, retain, and improve the self-help, socialization, and adaptive skills necessary to live in the most integrated setting appropriate to each recipient's needs. These services must be individually tailored, and may include personal care and protective oversight and supervision in addition to skills development.

Residential habilitation services are provided, for the most part, in the recipient's residence, the home of a relative, a semi-independent or supported apartment or living arrangement, or a group home. Because certain skills development may be enhanced by activities in community settings, these services may be rendered in other environments provided the environments are appropriate for delivery of the services in a manner that will contribute to accomplishing goals specified in the recipient's service plan.

Based on the age and residence of the recipient, residential habilitation services are delivered as family home habilitation services, supported-living habilitation services, group-home habilitation services, or in-home support habilitation services. Family home habilitation services are provided in a licensed assisted living home or licensed foster home by a paid, primary caregiver who is not a member of the recipient's immediate family. Supported-living habilitation services are provided on a one-to-one basis for recipients who are 18 years of age or older and who live in private residences. Group home habilitation services are provided for recipients who are 18 years of age or older and who live in a residence licensed as an assisted living home, housing two or more recipients. In-home support habilitation services are provided on a one-to-one basis for recipients who are younger than 18 years of age and who live in private residences where their unpaid primary caregivers reside.

The provider who chooses to offer residential habilitation services must be certified as a provider of residential habilitation services under 7 AAC 130.220 (b)(1)(E), meet the requirements of 7 AAC 130.265, and operate in compliance with the [*Residential Habilitation Services Conditions of Participation*](#).

Supported Employment Services

Supported employment services may be provided to assist recipients to acquire and maintain the work-related skills necessary for employment or to become self-employed. These services focus on activities that will lead to an appropriate job match for the recipient and the employer, and may include vocational or job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, career advancement activities, and transportation. Following job placement, the provider may offer intensive, ongoing supports, including supervision, job coaching, and additional training, to enable the recipient to perform in the workplace.

Supported employment services may be offered in a variety of settings, but, because independence and community integration are significant goals for these services, they may not be provided in sheltered workshops or other similar specialized vocational facilities

The provider who choose to offer supported employment services must be certified as a provider of supported employment under 7 AAC 130.220 (b)(1)(F), meet the requirements of 7 AAC 130.270, and operate in compliance with the [Supported Employment Services Conditions of Participation](#).

Intensive Active Treatment Services

Intensive active treatment services may be provided for a recipient who needs immediate intervention for a problem or disorder that, if left untreated, would place him or her at risk for institutionalization. These services are provided by, or under the direction of, licensed professionals with the expertise required to treat specific problems or disorders. The treatment must take the form of a time-limited intervention that addresses the recipient's personal, social, behavioral or mental problem; the recipient's substance use disorder; or a family problem related to the recipient's problem or disorder.

The provider who choose to offer intensive active treatment services must be certified as a provider of intensive active treatment services under 7 AAC 130.220 (b)(1)(G), and meet the requirements of 7 AAC 130.275. (Conditions of participation have not been established for this service.)

Respite Care Services

Respite care services may be provided for recipients whose caregivers are in need of relief or will be unable to provide care for a limited period of time. The recipients may receive these services in their private residences or in certain licensed facilities.

Respite care services may be family directed for recipients in specified waiver categories and grant programs. With the assistance of a certified respite care services provider, the families of recipients may train and supervise the individuals they prefer to provide respite care.

The provider who chooses to offer respite care services must be certified as a provider of respite care services under 7 AAC 130.220 (b)(1)(H), meet the requirements of 7 AAC 130.280, and operate in compliance with the [Respite Care Services Conditions of Participation](#).

Transportation Services

Transportation services may be provided for recipients when natural supports are not available to provide transportation, and the services are necessary to enable recipients to travel to locations where waiver or grant services are provided, or to other community services and resources.

The provider who chooses to offer transportation services must be certified as a provider of transportation services under 7 AAC 130.220 (b)(1)(I), meet the requirements of 7 AAC 130.290, and operate in compliance with the [Transportation Services Conditions of Participation](#).

Meal Services

Meal Services may be provided for recipients in a congregate setting, or may be delivered to the homes of recipients. The purpose of this service is to promote health and well-being through good nutrition and to promote independence by providing meals to for those who need such assistance to remain in their own homes. Congregate settings must provide opportunities for socialization among recipients and others in the community.

The provider who chooses to offer meal services must be certified as a provider of meal services under 7 AAC 130.220(b)(1)(J), meet the requirements of 7 AAC 130.295, and operate in compliance with the [Meal Services Conditions of Participation](#).

Environmental Modification Services

Environmental modification services may be provided for a recipient who needs physical adaptations to a residence to ensure the recipient's health, safety, and welfare; to meet accessibility needs; or to enable the recipient to function with greater independence in the home.

Adaptations may be made to a residence that the recipient owns; to rental property where the recipient resides, if the property owner consents; and to the residence of each parent or a guardian if the recipient lives in each residence for a period of time. Because adaptations must be for the direct benefit of a recipient, adaptations or improvements to a residence that are of general utility are not covered as environmental modification services.

The provider who chooses to offer environmental modification services must be certified as a provider of environmental modification services under 7 AAC 130.220(b)(1)(K), and meet the requirements of 7 AAC 130.300. (Conditions of participation have not been established for this service.)

Certification Application Instructions and Content Requirements

Application format

To facilitate the certification process, all documents and required attachments submitted for certification and renewal of certification must be

- letter-size (8.5 x 11 inch paper)
- identified by provider agency name and page numbers on multiple-page documents
- in the order listed on the application form and service declarations
- original signed forms (where signatures are required) not copies of signed forms
- unbound (no staples, plastic page protectors, notebook binders, or plastic spiral binding)

Required attachments

In this section, SDS suggests materials for review and describes the expected content of the required attachments listed on application and service declaration forms. Follow the link to content requirements.

Admissions to provider services policy and procedures

Adult Day Services (ADS) evaluation procedure and evaluation form; ADS service plan form

Assisted living home and foster home licenses

Background checks policy and procedures

Building or use permit for site-based services

Business license

Certificate of completion of care coordination training

Certificate of Insurance

Complaint management policies and procedures

Confidentiality of protected health information policy and procedures

Conflicts of interest policy and procedures

Core employee policies

Critical incident reporting policy and procedures

Diagram of floor plan

Disclosure of business and familial relationships

Documentation of educational qualifications

Emergency response policy and procedures

Evaluation of employees policy and procedures

Financial accountability policy and procedures

Food service permit

Local permit (transportation)

Medication administration policies and procedures

Notice of privacy practices

Operations manual

Organization chart

Personnel list

Policy and procedures

Posted fire safety procedures

Quality improvement policy and procedures

Quality improvement report

Recipient handbook

Restrictive interventions policy and procedures

Resume

Sample five-week cycle menu

Termination of provider services policy and procedures

Training policy and procedures
Vehicle registration

Admissions to provider services policy and procedures

- Submit a policy and procedures that addresses
 - ✓ how you will develop and implement a service plan for the recipient
 - ✓ who will be responsible for evaluating, and how you will evaluate whether the services you offer can meet the needs of the recipients
 - ✓ how you will ensure that direct care workers have the capacity to provide services, and will follow the service plan
 - ✓ how and when you will reevaluate the recipient to determine whether services delivered are meeting identified needs

Adult Day Services (ADS) evaluation procedure and evaluation form; ADS service plan form

- Review the *Adult Day Services Conditions of Participation* section on adult day services plan standards.
- Submit a policy and procedures that addresses
 - ✓ who will be responsible for evaluating recipients
 - ✓ how a recipient will be evaluated and a service plan developed within the specified timeframe
 - ✓ retention of the service plan
 - ✓ periodic reevaluation of the recipient
- Submit a copy of the evaluation form.
- Submit a copy of the service plan form.

Assisted living home and foster home licenses

Residential supported-living services

- Submit a copy of your current State of Alaska assisted living home license for the facility you are applying to have certified

Residential habilitation services

- Submit a copy of your current State of Alaska assisted living home or foster home license for all group-home, adult, and child service sites you are applying to have certified
- Submit *Group-Home Habilitation Site Information* and *Family Home Habilitation Site Information* forms with site owner/operator and primary contact information

Background checks policy and procedures

- Review the Alaska Background Check Program information, including statutes and regulations at <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/default.aspx>.
- Submit a policy and procedures that address
 - ✓ who will be responsible for each step of the background check process in your agency
 - ✓ who is required to have a background check and how you will inform potential employees of background check requirements
 - ✓ who will be responsible for payment of fees for background checks
 - ✓ how you will
 - monitor employees with provisional valid criminal history checks to ensure you receive notification of the results of fingerprint-based criminal history checks
 - handle an employee who does not pass a criminal history check or for whom you receive a notice of revocation of a criminal history check
 - ✓ how you will ensure that access by individuals who are not required to have background checks is supervised when they are present during hours of operation
 - ✓ how, if a variance is granted, you will monitor the employee to ensure that the terms or conditions of the variance are met

- ✓ how you will monitor employees to ensure they continue to meet all requirements regarding background checks

Building or use permit for site-based services

- Submit a copy of any building or use permit required by a local government to occupy a building that will be used to provide adult day services or day habilitation services in a site-based setting.

Business license

- Review requirements for business licensing at <http://commerce.alaska.gov/dnn/cbpl/BusinessLicensing.aspx>
- Submit a copy of your current State of Alaska business license.
 - ✓ A receipt indicating a license fee has been paid is not an acceptable for certification purposes.
 - ✓ The business license may include a designation DBA (doing business as) or “owned by”, but it must show the name of provider agency applying for certification to provide services.

Certificate of completion of care coordination training

- Review *Care Coordination Services Conditions of Participation* section on training for training standards.
 - ✓ Review the SDS Training Schedules and Registrations webpage for care coordination training courses.
 - ✓ Register for and participate in training course required by the training standards.
- Submit, with your certification application, a copy of the certificate of completion you receive for completing the training course.

Certificate of completion of critical incident reporting training

- Review *Provider Conditions of Participation* section on training regarding critical incident reporting training.
 - ✓ Decide whether you, all staff, or a designated staff person will enroll in the required training.
 - ✓ Review the SDS Training Schedules and Registrations webpage to determine when the Critical Incident Reporting and Critical Incident Improvement Plans training course is offered.
 - ✓ Register for and participate in the training course.
- Submit, with your certification application, a copy of the certificate of completion you and any other staff receive for completing the training course.

Certificate of Insurance

- Review the *Provider Conditions of Participation* section on financial accountability for insurance standards.
 - ✓ For certification purposes, vehicle automotive liability coverage is required only for vehicles used to transport recipients.
 - ✓ Worker’s compensation insurance coverage is required if the provider has one or more employees. For information regarding worker’s compensation, go to <http://labor.alaska.gov/wc/>.
 - ✓ Solo practitioners and owners providing all services without employees: submit a *Provider Certification Application Worker Assurances* form with each certification or renewal application.
- Submit a copy of your Certificate of Insurance or similar document.

Complaint management policies and procedures

- Review the *Provider Conditions of Participation* section on quality management for grievance process standards.
- Submit a policy and procedures that address
 - ✓ who will be responsible for your grievance process and resolving complaints
 - ✓ how you will
 - handle written and oral complaints about services or personnel
 - monitor your grievance process to ensure complaints are resolved
 - ✓ who will be responsible for reviewing complaints to ensure appropriate action was taken
 - ✓ who will be responsible for complaint data analysis for inclusion your quality improvement report

Confidentiality of protected health information policy and procedures

- Review information regarding the Health Insurance Portability and Accountability Act at <http://medicaidalaska.com>
- Submit a policy and procedures that address
 - ✓ what information about recipients is protected health information
 - ✓ when you
 - will require a recipient's authorization to disclose his/her protected health information
 - may disclose protected health information without a written recipient authorization
 - ✓ how you will limit disclosure to the minimum necessary to accomplish the intended purpose of a request for protected health information
 - ✓ how you will train employees and volunteers regarding protected health information in documents, charts, telephone contacts, electronic transmissions, and in-person contacts
 - ✓ how you will handle complaints about compliance with your privacy practices
 - ✓ how you will ensure that
 - a copy of your Notice of Privacy Practices is provided to recipients
 - written acknowledgement is provided by recipients when they receive that Notice
- Submit a copy of your Notice of Privacy Practices with your confidentiality policy and procedures.

Conflicts of interest policy and procedures

- Review the *Provider Conditions of Participation* section on recipient relationships for conflicts of interest standards. In addition, if you are going to apply for certification as a care coordination services provider, review the *Care Coordination Conditions of Participation* section on recipient relationships for conflicts of interest standards.
- Submit a policy and procedures that address
 - ✓ who is subject to your policy
 - ✓ how the subjects will be informed of prohibited activities
 - ✓ who will be responsible for ensuring compliance your policy
 - ✓ what you will do if non-compliance with your policy is found
 - ❖ Additional for care coordination services:
 - ✓ how you will ensure care coordinators are informed of prohibited activities unless written consent is obtained from SDS
 - ✓ how you will resolve conflicts that might arise between the care coordinator and others
 - ✓ who will be responsible for ensuring compliance with your policy

Core employee policies

- Submit the following policies and procedures as your core employee policies
 - ✓ Background checks policy and procedures
 - ✓ Training policy and procedures
 - ✓ Evaluation of employees policy and procedures
- Identify each policy and procedure with a title, and number each page.
- Submit your core employee policies and procedures in alphabetical order with a cover page that is titled "Core Employee Policies" and includes the name of your agency, the date of approval, and a Table of Contents with page numbers for each listed policy and procedures

Critical incident reporting policy and procedures

- Review the *Provider Conditions of Participation* sections on critical incident reporting training and on quality management self-assessment, and 7 AAC 130.224 Critical incident reporting.
- Submit a policy and procedures that address
 - ✓ how you will identify and investigate critical incidents

- ✓ who will be responsible for
 - training staff regarding critical incident reporting
 - preparing critical incident reports
 - submitting critical incident reports to Senior and Disabilities Services
- ✓ how you will review critical incidents to determine a cause and to ensure appropriate action was taken
- ✓ who will be responsible for critical incident data analysis for inclusion your quality improvement report

Diagram of floor plan

- Review the *Adult Day Services Conditions of Participation* section on site requirements.
- Submit a diagram of the floor plan showing exits, ramps or elevators, location of fire extinguishers, size of rooms, use of rooms, toilets, sinks, rest area, storage space, closets, and office area.

Disclosure of business and familial relationships

- Review 7 AAC 130.240 (f) requiring care coordinators to disclose business and familial relationships.
- Submit a copy of the *Disclosure of Business and Familial Relationships* form with your care coordinator application for certification and for renewal.

Documentation of educational qualifications

- Review the Conditions of Participation for the services you plan to offer to determine program administrator educational requirements.
- Submit documentation that shows the individual you will appoint as program administrator meets all the educational requirements specified in the *Conditions of Participation* for that service.
 - ✓ If the program administrator will be appointed to manage more than one service, submit only copy of the documentation.
 - ✓ Acceptable documentation includes copies of transcripts, copies of degrees, or other evidence of required credentials.

Emergency response policy and procedures

- Review the *Provider Conditions of Participation* sections on recipient health, safety, and welfare; 7AAC 130.222 Recipient safeguards; and 7 AAC 130.224 (b)(2) regarding emergency response to critical incidents.
- Submit a policy and procedures that address
 - ✓ how you will maintain a list of recipient contacts to notify in case of an emergency
 - ✓ how you will handle the failure of scheduled direct care worker to arrive at a service setting at the scheduled time
 - ✓ what you will do in the event of
 - a medical emergency
 - a natural disaster
 - an emergency involving the service setting, e.g., fire, gas leak, structural dangers
 - ✓ how staff will be informed of your emergency response plans

Evaluation of employees policy and procedures

- Review the *Provider Conditions of Participation* section on personnel regarding direct care worker standards.
- Submit a policy and procedures that address
 - ✓ who will be responsible for job performance evaluations and the timeframes for evaluations
 - ✓ how you will identify the skill set necessary for each service you offer
 - ✓ how you will inform direct care workers of the skill set that will be used for evaluation and of any other performance requirements
 - ✓ how you will evaluate s direct care workers based on the skill set and other performance requirements
 - ✓ what action you will take if a direct care worker's evaluation is unsatisfactory

Financial accountability policy and procedures

- Review the *Provider Conditions of Participation* section on financial accountability for financial system standard, and 7 AAC 145.520 (i) regarding cost-of-care obligations for recipients.
- Submit a policy and procedures that address
 - ✓ how your financial system has been set up to ensure your claims for payment are accurate
 - ✓ how you will
 - review payments to ensure reimbursement is correct
 - report incorrect reimbursement to the Medicaid fiscal agent
 - ✓ how you will track prior authorized units of service to
 - ensure services are delivered as planned
 - address over- or under-utilization
 - ✓ how you will monitor recipients who have a cost-of-care obligation to ensure cost-of-care payments are
 - documented
 - included in your claims processing
 - ✓ how you will ensure that staff are informed about, and how to report, Medicaid fraud, abuse, and waste

Food service permit

- Review the *Meal Services Conditions of Participation* section on program administration regarding compliance with applicable food code.
- Submit a copy of a food service permit from the State of Alaska or the Municipality of Anchorage.

Local permit (transportation)

- Submit a copy of your commercial passenger vehicle permit if such permit is required by your local government.

Medication administration policies and procedures

- Review 7 AAC 130.227 Medication administration for medication standards; note subsection (a) to determine whether the services you plan to offer require that you include medication administration as a part of the service.
- Submit a policy and procedures that address
 - ✓ the circumstances in which your agency will be responsible for medication administration
 - ✓ who will be responsible for
 - selecting a medication administration training course, and for verifying staff attendance and successful completion of the training course
 - monitoring and evaluating staff involved in medication administration
 - ✓ how you will ensure that
 - written delegation authorizing medication administration is on file for a recipient
 - staff are trained to document medication administration
 - adequate information regarding recipient medications is available for staff
 - ✓ how you will manage medications errors including
 - documenting and tracking medication errors
 - reporting any medication error that results in medical intervention as a critical incident
 - analyzing medication errors and taking corrective actions
 - ✓ who will be responsible for medication administration data analysis for inclusion your quality improvement report

Notice of Privacy Practices

- Review information regarding the Health Insurance Portability and Accountability Act at <http://medicaidalaska.com>
- Develop a Notice of Privacy Practices that contains the required elements.

- Submit a copy of your Notice of Privacy Practices with your confidentiality of protected health information policy and procedures.

Operations manual

- Submit the following policies and procedures as your operations manual
 - ✓ Admissions to provider services policy and procedures
 - ✓ Complaint management policies and procedures
 - ✓ Confidentiality of protected health information policy and procedures
 - ✓ Critical incident reporting policy and procedures
 - ✓ Emergency response policy and procedures
 - ✓ Financial accountability policy and procedures
 - ✓ Medication administration policies and procedures
 - ✓ Quality improvement policy and procedures
 - ✓ Restrictive interventions policy and procedures
 - ✓ Termination of provider services policy and procedures
- Identify each policy and procedure with a title, and number each page.
- Submit your policies and procedures in alphabetical order with a cover page that is titled “Operations Manual” and includes the name of your agency, the date of approval, and a Table of Contents with page numbers for each listed policy and procedures

Organization chart

- For an example of the required format go to the [SDS forms page](#).
- Submit a chart that shows, in a graphic format, how your business is organized to provide services, specifying the following
 - ✓ the title for each position or job, and the name of the individual filling the position
 - if a position is not filled, indicate “vacant”
 - include accounting and billing positions, volunteers, and contractors that provide or support waiver services
 - ✓ lines of authority
 - from owner or board of directors to management personnel
 - from management personnel to program administrator or individual responsible for the day-today management of each service for which you seek certification
 - from program administrator to direct care workers
- If staff are too numerous to include on your organization chart, submit a personnel list in the specified format.

Personnel list

- Submit a personnel list, if the number of personnel in your agency is too large to include on your organization chart, specifying
 - ✓ position or job subheadings in alphabetical order by title
 - ✓ under each subheading, in alphabetical order with last name first, the names of staff filling those positions or jobs.

Policy and procedures

- While no format is specified, you must address all items listed for each policy, incorporating any requirements specified in regulations.
 - ✓ A policy is a statement of your position regarding a subject, summarizing what is to be done and why, without indicating how it is to be done.
 - ✓ A procedure is a step in the process of implementation of your policy that addresses who does what, when it is done, and how it is done.

- For examples of policies and procedures, you may review the [SDS Policy and Procedures Manual](#); see SDS policy number 1-2 on Policies and Procedures Development, Attachment A, for writing guidelines used by SDS.

Posted fire safety procedures

- Submit a copy of the fire safety procedures you will post in your facility if you plan to offer Adult Day Services or site-based Day Habilitation Services

Quality improvement policy and procedures

- Review the [Provider Conditions of Participation](#) section on quality management for quality improvement process and self-assessment standards and for quality improvement report requirements.
- Submit a policy and procedures that address
 - ✓ who will be responsible for quality management
 - ✓ how you will
 - collect information regarding recipient satisfaction with your services
 - analyze that information to identify problems and opportunities for improvement
 - remedy problems and act to improve your services
 - ✓ how you will assess your quality improvement process by evaluating findings and corrective actions related to
 - grievances
 - critical incidents,
 - medication errors
 - restrictive interventions
 - recipient satisfaction
 - internal reviews to evaluate whether your services meet recipient needs and are provided in accordance with recipient Plans of Care
 - ✓ who will be responsible for your quality improvement report and for maintaining records to support the data in your report

Quality improvement report

- Review the [Provider Conditions of Participation](#) section on quality management for quality improvement report requirements.
- Review and summarize quality management activities for each year of your certification period.
- Submit a report with your application for recertification that includes
 - ✓ a cover sheet, titled Quality Improvement Report, that indicates your agency name, the dates covered by the report, and the name of the person responsible for the report
 - ✓ a list or table of contents and page numbers for the following topics:
 - grievance process
 - critical incident reports
 - medication errors
 - use of restrictive interventions
 - consumer satisfaction
 - internal reviews
 - ✓ an explanation, if any topic is not addressed in your report

Recipient handbook

- Review the [Adult Day Services Conditions of Participation](#) section on program operations for recipient handbook requirements.
- Submit a copy of your brochure or handbook that addresses all the items indicated.

Restrictive interventions policy and procedures

- Review 7 AAC 130.229 Use of restrictive interventions for intervention standards.
- Submit a policy and procedures that address
 - ✓ the circumstances in which your agency will allow use of restrictive intervention
 - ✓ who will be responsible for
 - determining appropriate types of restrictive intervention for the population served
 - training staff in the use of restrictive intervention and the requirements for documenting each intervention in individual recipient records
 - monitoring and evaluating staff involved in each intervention
 - ✓ how you will manage and report the use of restrictive interventions including
 - documenting and tracking the use of restrictive interventions by your agency
 - reporting any misuse of restrictive intervention, and any use that results in medical intervention, as a critical incident
 - analyzing the use of restrictive interventions and taking corrective actions
 - ✓ who will be responsible for restrictive intervention data analysis for inclusion your Quality Improvement Report

Resume

Program administrators

- Review the *Service Declaration* for the services you plan to offer to determine whether a [Notice of Appointment: Program Administrator](#) form and attachments are required.
- Review the *Conditions of Participation* for those services to determine program administrator work experience and educational requirements.
- Submit a resume that shows the individual you will appoint as program administrator meets all the requirements specified in the *Conditions of Participation* for that service.
 - ✓ If the program administrator will be appointed to manage more than one service, submit only one resume.
 - ✓ For an example of required format, see the [SDS forms page](#).
 - list employer, positions, and dates of employment that will show the work experience required by the *Conditions of Participation* for the service
 - describe the duties of each position to highlight how those duties added to the knowledge base and skills necessary to manage the service
 - list education and training

Care coordinators

- Review the [Care Coordination Services Conditions of Participation](#) section on personnel regarding care coordinator work experience and educational requirements.
- Submit a resume that shows you meet all the requirements specified
 - ✓ For an example of required format, see [SDS forms page](#).
 - list employer, positions, and dates of employment that will show the work experience required by the [Care Coordination Services Conditions of Participation](#)
 - describe the duties of each position to highlight how each position added to the knowledge base and skills for care coordinators
 - list education and training

Sample five-week cycle menu

- Review the [*Meal Services Conditions of Participation*](#) section on nutrition requirements regarding menu standards
- Submit a copy of a current five-week cycle menu approved and signed by a Registered Dietician or Licensed Nutritionist

Termination of provider services policy and procedures

- Review the *Provider Conditions of Participation* section on recipient services termination and 7 AAC 130.233 Provider termination of services to a recipient for termination standards.
- Submit a policy and procedures that address
 - ✓ who will be responsible for your termination of services process
 - ✓ how you will document recipient behavior, and the steps you take to address the behavior, to support a decision to terminate services
 - ✓ how you will retain records to support your decision
 - ✓ how you will ensure supervisory review before termination
 - ✓ how you will provide written notice of termination that
 - is within the required timeframes
 - designates the reasons for your decision
 - specifies the process for recipients to appeal your decision
 - suggests other sources for the services you are terminating
 - ✓ how you will provide written notice to
 - the recipient's care coordinator and Senior and Disabilities Services
 - the appropriate adult or child protection agency, if termination will create a risk of harm to the recipient
 - ✓ how you will manage termination in the event of agency closure, sale, or change of ownership

Training policy and procedures

- Review the [*Provider Conditions of Participation*](#) sections on training standards, and the service *Conditions of Participation* for training standards specific to each service; 7 AAC 130.222 Recipient safeguards training requirements; the regulations at 7 AAC 130.224 Critical incident reporting, 7 AAC 130.227 Medication administration, and 7 AAC 130.229 Use of restrictive intervention, for training standards; and AS 47.17.020 Child protection and AS 47.24.010 Protection of vulnerable adults reporting requirements.
- Submit a policy and procedures that address
 - ✓ who will be responsible for orienting direct care workers and volunteers to your agency
 - ✓ how you will explain your role as a provider of home and community-based services and your relationship with Senior and Disabilities Services
 - ✓ who will be responsible for developing and implementing your training program
 - ✓ how you will ensure that direct care workers are adequately trained to provide services in compliance with the training standards established in
 - the [*Provider Conditions of Participation*](#), including CPR and First Aid and critical incident reporting
 - the *Conditions of Participation* for the services you plan to offer
 - SDS regulations regarding medication management and restrictive intervention
 - the reporting requirements for child protection and for vulnerable adults
 - ✓ how you will monitor training to ensure that
 - staff CPR and first aid training complies with the required timeframes for renewal
 - staff skills necessary to work with recipients are upgraded as needed

Vehicle registration

- Submit a copy of the State of Alaska vehicle registration for each vehicle used to transport recipients.